4th Annual Hope & Healing Caring Connection Walk: L.N. Clark — HVWA Presented by: Hospice Volunteers of Waterville Area & The L.N. Clark Inspiration Network

(Non-profit 501 C3 organizations)

## Saturday, April 26, 2014

Join us at the: HVWA Community Center, 304 Main Street, Waterville Registration: 8:15 am ~~~ Walk kick-off: 8:45 am

Parking and Access: First Congregational Church across the street from the HVWA Community Center

## Cause

4th Annual Hope & Healing Caring Connection Walk: L.N. Clark — HVWA. Join us to support these organizations that provide support to so many in our communities. If you wish you may donate / pledge or register to walk In Honor / Memory Of someone or people you wish to recognize.

> Remember, anyone can participate! Bring family and friends to form your team!! Please bring completed form and payments with you the day of the walk.

Register for the 4th Annual Hope & Healing Caring Connection Walk: L.N. Clark — HVWA

For more information contact:

L.N. Clark Inspiration Network	, PO Box 392, Fairfield, ME 049	37, (207) 453-2553, inspiration	@lnclark.org or		
Hospice Volunteers of Watervil	le Area, 304 Main Street, Waterv	ille, ME 04901, (207) 873-361	5, hospiceinfo@h	ivwa.org	
You can also copy this form to re					
Name:					
City:		State:	Zip:		
Phone:	Age:	Email:			
	n the information below if you'				
	Team's Employer, Club or				
Donor Name	Address	In Honor / Memory Of	Donation /Pledge	Check No.	Cash
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All Pledges must be turned in the day of the Walk - checks should be made payable to L.N. Clark Inspiration Network OR Hospice Volunteers of Waterville Area. Donations are not conditional on distance walked. Children under 12 must be accompanied by an adult.

Total

Date:

Waiver: In signing this registration, I, the undersigned, and if under the age of 18, my parents or guardians, intending to be legally bound, hereby waive and release any and all rights and claims for damages, which I, my child, ward or heir, and our parents, guardians, heirs, executors, and assigns may have against L.N. Clark Inspiration Network, Hospice Volunteers of Waterville Area, the City of Waterville, the County of Kennebec, as well as any other person, entity or sponsor connected with the event for any and all injury, misadventure, harm, loss, or damage which I, my child, ward or heir suffer or sustain as a result of participation on the 2nd Annual Hope/Healing Caring Connection Hike: L.N. Clark — HVWA. I grant full permission for organizers to use photographs, videos, or audio of me for promotion of this event. Signature: Date: Parent or Guardian Signature (if under 18 yrs):